



**COMMONWEALTH OF MASSACHUSETTS**  
**Office of Consumer Affairs and Business Regulation**  
**DIVISION OF INSURANCE**

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**REQUEST FOR CERTIFICATES OF COMPLIANCE**

This form is to be used by **Massachusetts domestic insurance companies** to request Certificates of Compliance, effective January 1, 2004, to be filed with state insurance departments. If you have any questions, please contact Ursula McCarthy at (617)-521-7391 or [Ursula.McCarthy@state.ma.us](mailto:Ursula.McCarthy@state.ma.us).

If the company does not require Certificates of Compliance, please return this form with the company's name and "None Required" written on the Total number of certificates required line.

1. Company name: \_\_\_\_\_
2. Total number of certificates required: \_\_\_\_\_
3. Total amount enclosed: \_\_\_\_\_  
(\$20.00 non refundable fee per certificate – please make check payable to Commonwealth of Massachusetts, Division of Insurance)
4. Some states require that special information be added to a certificate. Please indicate any additional information to be added: \_\_\_\_\_  
\_\_\_\_\_
5. Number of certificates with special information to be added: \_\_\_\_\_  
(Include this number in total number of certificates required above)
6. Send certificates to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Telephone number: \_\_\_\_\_

Please mail this form and the check for the certificate fee(s) to the following address:

Commonwealth of Massachusetts  
Division of Insurance  
Company Licensing Section  
One South Station  
Boston, MA 02110-2208